NOTICE OF INDEPENDENT REVIEW DECISION

Date: June 10, 2003	
RE: MDR Tracking #: IRO Certificate #:	M2-03-1078-01-ss 5242
organization (IRO). The T above referenced case to	the Texas Department of Insurance (TDI) as an independent review exas Workers' Compensation Commission (TWCC) has assigned the for independent review in accordance with TWCC Rule medical dispute resolution by an IRO.
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has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgery. The Orthopedic Surgeon physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

Date: June 10, 2003

The claimant is a 53 year old male 73" in height who weighs 309 pounds and has a history of aggravation of low back pain with radicular symptoms on . This gentleman was originally treated symptomatically and eventually within 2 months of injury, had MRI, Myelogram and CT scan lumbar spine. The CT scan was without contrast. A subsequent lumbar MRI was done in February 2003. Physical examinations by his treating physicians were suggestive of stenosis but did not demonstrate any consistent evidence of motor or sensory loss.

Requested Service(s)

Lumbar decompression L3-S1

Decision

I concur with carrier that the procedure is not medically necessary.

Rationale/Basis for Decision

There is no clinical correlation between physical findings, complaints, and findings on clinical studies. There is no evidence in the clinical records that an exercise program was ever instituted which is the most reliable treatment modality for acute back pain according to Federal Guidelines. The accepted treatment for mild congenital spinal stenosis is not surgical. The results of lumbar decompression without clearcut evidence of severe stenosis on physical examination and on imaging studies are not effective in relief of pain and frequently result in increased pain. The rationale for surgery presented in this case is not in keeping with best practice clinical guidelines published by the Federal Government and in the peer reviewed medical literature.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within 20 (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. A copy of this decision should be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

This decision by the IRO is deemed to be a TWCC decision and order.